

Your 2021-2022 Prescription Benefits

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Hi, we're CVS Caremark. We manage your prescription plan.

CVS Caremark

makes sure you have access to affordable medication – when and where you need it

You've probably heard of:

CVS Pharmacy

MinuteClinic

CVS HealthHUB

We're all part of the CVS Health family, working together to help you on your path to better health





Everything you need to manage your medications anytime, anywhere

Caremark.com and the CVS Caremark App



Review your plan details



Check medication costs and find ways to save



Find in-network pharmacies or start delivery by mail



Order mail service refills and track shipments



View history of your prescriptions



Track progress toward your deductible or out-of-pocket maximum



Set alerts and reminders to help you stay on track

Once you're registered, download the CVS Caremark App from your preferred app store to manage your medications on your smart phone

Registering at Caremark.com

When can I register?

If you already have prescription benefits with CVS Caremark

Register any time using your member ID number (on your member ID card).



Remember — you won't see any changes for the upcoming plan year until 1/1/2022

If you're new to CVS Caremark prescription benefits

You can register on or after 1/1/2022



2022 Copays/Coinsurance

Plan:	PPO Plan		Plus PPO Plan		EPO Plan	
	Retail Pharmacy	Mail Pharmacy	Retail Pharmacy	Mail Pharmacy	Retail Pharmacy	Mail Pharmacy
Generics	\$10	\$20	\$10	\$20	\$10	\$20
Preferred Brands	20% (\$40 min., \$60 max.)	20% (\$80 min., \$120 max.)	20% (\$40 min., \$60 max.)	20% (\$80 min., \$120 max.)	20% (\$40 min., \$60 max.)	20% (\$80 min., \$120 max.)
Non-Preferred Brands	40% (\$60 min., \$100 max.)	40% (\$120 min., \$200 max.)	40% (\$60 min., \$100 max.)	40% (\$120 min., \$200 max.)	40% (\$60 min., \$100 max.)	40% (\$120 min., \$200 max.)
Specialty	Follows Retail	Follows Retail	Follows Retail	Follows Retail	Follows Retail	Follows Retail
Refill Limit	One initial fill plus two refills for maintenance medications.	None	One initial fill plus two refills for maintenance medications.	None	One initial fill plus two refills for maintenance medications.	None
Deductible	None	None	None	None	None	None
Max Out of Pocket	\$2,100 Individual	\$4,200 Family	\$2,800 Individual	\$5,700 Family	\$3,500 Individual	\$7,000 Family



2022 Copays/Coinsurance Continued

Plan: Core Plan HDHP Plan

	Retail Pharmacy	Mail Pharmacy	Retail Pharmacy	Mail Pharmacy
Generics	20% Coinsurance	20% Coinsurance	10% Coinsurance	10% Coinsurance
Preferred Brands	20% Coinsurance	20% Coinsurance	10% Coinsurance	10% Coinsurance
Non-Preferred Brands	20% Coinsurance	20% Coinsurance	10% Coinsurance	10% Coinsurance
Specialty	Follows Retail	Follows Retail	Follows Retail	Follows Retail
Refill Limit	One initial fill plus two refills for maintenance medications.	None	One initial fill plus two refills for maintenance medications.	None
Deductible	\$3,000 Individual	\$6,000 Family	\$1,500 Individual	\$3,000 Family
Max Out of Pocket	\$5,000 Individual	\$10,000 Family	\$3,000 Individual	\$6,000 Family



Terms you should know

Deductible An individual or family needs to spend this amount on medications each plan year before coverage starts; may be combined with medical benefits

Copay or coinsurance The amount you pay for medications once you or your family reaches the deductible and coverage starts; a copay is a flat amount and coinsurance is a percentage of the cost of the medication

Maximum out-of-pocket (MOOP) Once you or your family reach this amount, all medications are covered at 100%

Generic medication Has the same active ingredients as the brand-name medication; usually, your lowest cost option

Preferred brand medication Medication that will cost less under your benefit plan

Non-preferred brand medication | Highest cost option under your benefit plan

Maintenance or long-term medication | Medication you take regularly, like high blood pressure, diabetes, or high cholesterol medications

Acute or short-term medication Medication you take for a short time, like an antibiotic

Preventive medication Affordable Care Act (ACA) preferred medications are covered at 100%; High deductible health plan (HDHP) preventive medications bypass the deductible, which means they are covered even if you haven't met your yearly deductible yet



Terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

Step therapy For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization This means we need more information on why your doctor has prescribed a specific medication for you. CVS Caremark reviews this information and determines whether or not your medication will be covered by your plan.

Dispense as written If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand name medication and you may have to pay more for the brand.

Appeals If we deny your or your doctor's request for coverage of a non-covered medication, you have the right to appeal that decision.

- Find more information on these topics in your Summary Plan Description (SPD).
- Use the Check Drug Costs & Coverage tool at Caremark.com to find out what medications are covered, if there are extra requirements for coverage, and how much they will cost.
- Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find pharmacies near you with the *Pharmacy Locator* at Caremark.com.



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Maintenance Choice

With Maintenance Choice, medications you take regularly (such as diabetes, asthma or high blood pressure medications) must be filled in 90-day supplies at CVS Pharmacy or through CVS Caremark Mail Service Pharmacy



You can choose pickup or Rx delivery by mail – either way, the cost is the same



90-day supplies are more convenient and usually cost less



If you fill prescriptions for medications taken regularly at any other pharmacy, or in 30 day supplies, you will have to pay the entire cost

Need to transfer your prescription? Visit Caremark.com/MoveMyMeds



Managing your Core Plan

What you need to know



You'll pay 100%
of the cost of your
medications until you or
your family meet the
annual deductible

Some preventive medications may bypass the deductible or be covered at 100% - see your plan summary document for details



Once you meet the deductible, you'll pay the appropriate Coinsurance

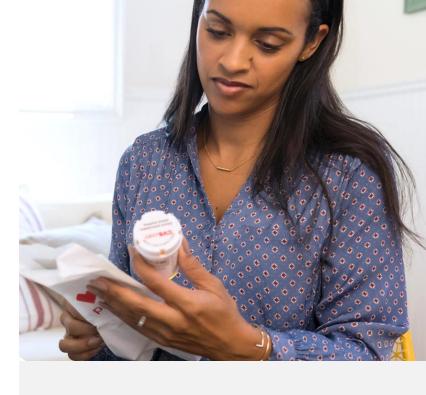
Your deductible may combine pharmacy and medical expenses – see your plan summary document for details



If you or your family meet your maximum out-of-pocket amount (MOOP), 100% of the cost of your medication is covered (you pay \$0)



The amounts you pay toward your deductible and MOOP DO NOT roll over from year to year



Deductible amounts for 2022

Individual: \$3,000

Family: **\$6,000**

MOOP amounts for 2022

Individual: \$5,000

Family: **\$10,000**



Managing your High Deductible Health Plan (HDHP)

What you need to know



You'll pay 100%
of the cost of your
medications until you or
your family meet the
annual deductible

Some preventive medications may bypass the deductible or be covered at 100% - see your plan summary document for details



Once you meet the deductible, you'll pay the appropriate Coinsurance

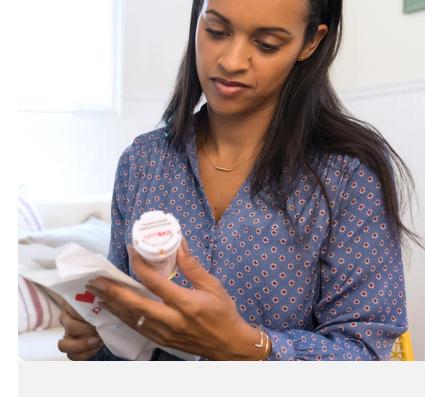
Your deductible may combine pharmacy and medical expenses – see your plan summary document for details



If you or your family meet your maximum out-of-pocket amount (MOOP), 100% of the cost of your medication is covered (you pay \$0)



The amounts you pay toward your deductible and MOOP DO NOT roll over from year to year



Deductible amounts for 2022

MOOP amounts for 2022

Individual: \$1,500

Individual: \$3,000

Family: **\$3,000**

Family: **\$6,000**



The Affordable Care Act (ACA) Preventive Drug List includes:

Certain medications, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

CVS caremark®

Contraceptives for women

Find the full list at Caremark.com



HDHP Preventive Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year:

Certain medications, supplements or products to:

- ✓ Manage certain health conditions, like high blood pressure, diabetes, or high cholesterol
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at Caremark.com

Please note: Your exact benefits may vary – see your benefits materials for details





Be empowered to make better decisions with personalized messaging and support

Watch for customized messaging on steps you can take to improve your health:



Timely digital messaging to help you make better choices



Outreach to your doctor or other health care providers



One-on-one counseling at CVS Pharmacy, MinuteClinic or CVS HealthHUB



Thank you

Legal disclaimers

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage.

Flu shots and vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Most vaccines require a prescription (except for the flu shot). Contact your medical carrier directly to find what vaccine benefits are available at other medical facilities such as a doctor's office, urgent care, etc.

Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS

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